Case 11-31081-rld7 Doc 2 Filed 02/14/11

B22A (Official Form 22A) (Chapter 7) (12/10)

In re	Rebecca V. Hoffman	
	Debtor(s)	According to the information required to be entered on this statement
Case Number:		(check one box as directed in Part I, III, or VI of this statement):
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
111	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

		Part II. CALCULATION OF N	ION	NTHLY INC	ON	ME FOR § 707(b) ('	7) E	EXCLUSION		
	Mari	tal/filing status. Check the box that applies	and c	complete the bal	ance	e of this part of this state	emer	nt as directed.		
	a.	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.								
2	' I	b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse a purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete for Lines 3-11.						nd I are living apart other than for the		
	(Married, not filing jointly, without the dec ("Debtor's Income") and Column B ("Spo	use's	Income") for I	Line	es 3-11.		above. Complete both Column A		
	d. \square Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B (Spo	use's Income'')	for I	Lines 3-11.	
		gures must reflect average monthly income a dar months prior to filing the bankruptcy cas						Column A		Column B
		ling. If the amount of monthly income varie						Debtor's		Spouse's
		onth total by six, and enter the result on the				•		Income		Income
3	Gross	s wages, salary, tips, bonuses, overtime, co	mmi	ssions.			\$	0.00	\$	
		ne from the operation of a business, profe								
		the difference in the appropriate column(s) ess, profession or farm, enter aggregate num								
		nter a number less than zero. Do not includ								
4	Line	b as a deduction in Part V.								
			Φ.	Debtor		Spouse				
	a. b.	Gross receipts Ordinary and necessary business expenses	\$ \$	2,262.	00					
	c.	Business income		btract Line b fro			\$	2,262.23	\$	
							4		Ψ	
	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any									
	part of the operating expenses entered on Line b as a deduction in Part V.									
5	Debtor Spouse									
	a. b.	Gross receipts Ordinary and necessary operating expense	\$ s \$		00					
	c.	Rent and other real property income	, ,	btract Line b fro		-	\$	0.00	\$	
6		est, dividends, and royalties.					\$	0.00		
7	Pensi	ion and retirement income.					\$	0.00	\$	
<u> </u>	Any amounts paid by another person or entity, on a regular basis, for the household					Ψ		Ψ		
		nses of the debtor or the debtor's dependen								
8	purpose. Do not include alimony or separate maintenance payments or amounts paid by your									
	spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.						\$	0.00	\$	
	_	appropriate the amount of the	_	•			1		-	
	Howe	ever, if you contend that unemployment com	pensa	ation received by	y yo	ou or your spouse was a				
9	benefit under the Social Security Act, do not list the amount of such compensation in Column A									
		but instead state the amount in the space be	ow:				1			
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$					\$	0.00	\$		
	Incon	ne from all other sources. Specify source a	nd an	nount. If necess	ary,	list additional sources				
		separate page. Do not include alimony or se								
		se if Column B is completed, but include a tenance. Do not include any benefits received								
		ved as a victim of a war crime, crime against								
10		estic terrorism.	_	-						
			*	Debtor		Spouse				
	a. b.		\$ \$			\$ \$				
							0.00	Φ.		
	Total and enter on Line 10				\$	0.00	Э			
11		otal of Current Monthly Income for § 707 mn B is completed, add Lines 3 through 10 is					\$	2,262.23	\$	

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12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Li Column A to Line 11, Column B, and enter the total. If Column B has not been completed the amount from Line 11, Column A.			2,262.23			
	Part III. APPLICATION OF § 707(b)(7) EXCL	USION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 1 enter the result.	2 by the number 12 and	\$	27,146.76			
14	Applicable median family income. Enter the median family income for the applicable stat (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the						
	a. Enter debtor's state of residence: OR b. Enter debtor's household size	ze: 1	\$	43,986.00			
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.		•				
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the						
	top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.						
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.						

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Complete 1 arts 14, 4, 41, and 411 of this statement only if required. (See Line 13.)							
	Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16	Enter the amount from Line 12.				\$		
17	Marital adjustment. If you checked Column B that was NOT paid on a dependents. Specify in the lines be spouse's tax liability or the spouse's amount of income devoted to each not check box at Line 2.c, enter zero.	regular basis for the h ow the basis for exclusions support of persons of purpose. If necessary,	nousehouding the ther tha	ld expenses of the debtor or e Column B income (such a n the debtor or the debtor's of	the debtor's s payment of the dependents) and the		
	c.			\$			
	d.			\$			
	Total and enter on Line 17					\$	
18	Current monthly income for § 70	7(b)(2). Subtract Lin	e 17 fro	m Line 16 and enter the resu	ılt.	\$	
	Part V. C	ALCULATION	OF D	EDUCTIONS FROM	INCOME		
	Subpart A: De	ductions under Sta	ındard	s of the Internal Revenu	e Service (IRS)		
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$	
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older						
	a1. Allowance per person b1. Number of persons		a2.	Allowance per person Number of persons			
	c1. Subtotal		c2.	Subtotal		\$	
20A	the number that would currently be allowed as exemptions on your federal income tax return, plus the number of						
	any additional dependents whom y	ou support.				\$	

20B	Housing and Utilities Standards; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero. IRS Housing and Utilities Standards; mortgage/rental expense Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42					
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	\$				
	Local Standards: transportation; vehicle operation/public transport	rtation avnanca	Ψ			
22A	You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expensincluded as a contribution to your household expenses in Line 8. □ 0 □ 1 □ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amout Transportation. If you checked 1 or 2 or more, enter on Line 22A the Standards: Transportation for the applicable number of vehicles in the					
	Census Region. (These amounts are available at www.usdoj.gov/ust/	or from the clerk of the bankruptcy court.)	\$			
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter					
	the result in Line 23. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle					
	b. 1, as stated in Line 42	\$ Subtract Line b from Line a.	\$			
24	c. Net ownership/lease expense for Vehicle 1 Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Line result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$				
	b. 2, as stated in Line 42	\$ Subtract Line b from Line a.	.			
25	C. Net ownership/lease expense for Vehicle 2 Other Necessary Expenses: taxes. Enter the total average monthly exstate and local taxes, other than real estate and sales taxes, such as inconsecurity taxes, and Medicare taxes. Do not include real estate or sale	\$				
	security taxes, and infedicate taxes. Do not include real estate of sales taxes.					

26	Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such a Do not include discretionary amounts, such as voluntary	as retirement contributions, union dues, and uniform costs.	\$		
27	Other Necessary Expenses: life insurance. Enter total life insurance for yourself. Do not include premiums for any other form of insurance.	\$			
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total a childcare - such as baby-sitting, day care, nursery and pro-		\$		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.				
32	Other Necessary Expenses: telecommunication service actually pay for telecommunication services other than you pagers, call waiting, caller id, special long distance, or in welfare or that of your dependents. Do not include any a	\$			
33	Total Expenses Allowed under IRS Standards. Enter	the total of Lines 19 through 32.	\$		
	-	nal Living Expense Deductions enses that you have listed in Lines 19-32 evings Account Expenses. List the monthly expenses in olly necessary for yourself, your spouse, or your			
34	a. Health Insurance	\$			
	b. Disability Insurance	\$			
	c. Health Savings Account	\$	\$		
	Total and enter on Line 34.	Ψ	Ψ		
		your actual total average monthly expenditures in the space			
35	Continued contributions to the care of household or far expenses that you will continue to pay for the reasonable ill, or disabled member of your household or member of expenses.	and necessary care and support of an elderly, chronically	\$		
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you				
37	Home energy costs. Enter the total average monthly am Standards for Housing and Utilities, that you actually experting with documentation of your actual expenses, a claimed is reasonable and necessary.	pend for home energy costs. You must provide your case	\$		
38	Education expenses for dependent children less than 1 actually incur, not to exceed \$147.92* per child, for atten school by your dependent children less than 18 years of a documentation of your actual expenses, and you must necessary and not already accounted for in the IRS St	dance at a private or public elementary or secondary age. You must provide your case trustee with explain why the amount claimed is reasonable and	\$		
	necessary and not an early accounted for in the fix5 standards.				

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40	Cont finan	inued charitable contribution cial instruments to a charitable	ns. Enter the amount that you will contine organization as defined in 26 U.S.C. §	nue t 170(o contribute in the $c)(1)$ - (2) .	e form of cash or	\$
41	Tota	l Additional Expense Deduct	ions under § 707(b). Enter the total of l	Lines	34 through 40		\$
			Subpart C: Deductions for De	ebt l	Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	A	Average Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
				-	Total: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount					\$	
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.					\$	
			ses. If you are eligible to file a case unde by the amount in line b, and enter the re				
45	a. b.	issued by the Executive Of information is available at the bankruptcy court.)	Chapter 13 plan payment. district as determined under schedules fice for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of rative expense of Chapter 13 case	X	tal: Multiply Line	es a and b	\$
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.				\$		
			Subpart D: Total Deductions f	ron	n Income		
47	Tota	l of all deductions allowed ur	nder § 707(b)(2). Enter the total of Lines	s 33,	41, and 46.		\$
		Part VI.	DETERMINATION OF § 707(b)(2) PRESUMP	ΓΙΟΝ	
48	Ente	r the amount from Line 18 (0	Current monthly income for § 707(b)(2	2))			\$
49	Ente	r the amount from Line 47 (Total of all deductions allowed under §	707	(b)(2))		\$
50	Mon	thly disposable income under	r § 707(b)(2). Subtract Line 49 from Lin	e 48	and enter the resu	lt.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.					\$	

	Initial presumption determination. Check the applicable box and proceed as directed.						
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
32	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.						
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Con	mplete the remainder of Part VI (I	ines 53 through 55).				
53	Enter the amount of your total non-priority unsecured debt		\$				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	0.25 and enter the result.	\$				
	Secondary presumption determination. Check the applicable box and proceed as	s directed.					
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.						
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
	Part VII. ADDITIONAL EXPENSE	CLAIMS					
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.						
	Expense Description	Monthly Amou	nt				
	a.	\$					
	b.	\$					
	C.	\$					
	d. Total: Add Lines a, b, c, and d	\$	_				
		1.7					
	Part VIII. VERIFICATION						
	I declare under penalty of perjury that the information provided in this statement is <i>must sign</i> .)	s true and correct. (If this is a join	t case, both debtors				
57	0 /	e: /s/ Rebecca V. Hoffman					
31		Rebecca V. Hoffman					
		(Debtor)					

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.